

Post completed form & payment to: Contact Ironkidz Entries, Waipahihi School, 20 Parata St, Taupo by 17/2/2012
 Cheques payable to: Waipahihi School PTA

EVENT DETAILS:

Please tick event



PAPER

ONLINE

After 17 Feb 2012

After 17 Feb 2012

Free T-shirt

No T-shirt

Free T-shirt

No T-shirt

			Free T-shirt	No T-shirt	Free T-shirt	No T-shirt
Individual 8-10 years	<input type="checkbox"/>		\$35	\$40	\$30	\$35
Individual 11-15 years	<input type="checkbox"/>		\$35	\$40	\$30	\$35
Elite 10-12 years	<input type="checkbox"/>		\$40	\$45	\$35	\$40
Elite 13-15 years	<input type="checkbox"/>		\$40	\$45	\$35	\$40
2 Person Team 8-10 years	<input type="checkbox"/>	PTO	\$55	\$60	\$50	\$55
2 Person Team 11-15 years	<input type="checkbox"/>	PTO	\$55	\$60	\$50	\$55
3 Person Team 8-10 years	<input type="checkbox"/>	PTO	\$75	\$80	\$69	\$75
3 Person Team 11-15 years	<input type="checkbox"/>	PTO	\$75	\$80	\$69	\$75

INDIVIDUAL & ELITE DETAILS:

(Teams on reverse)

GENDER: Female Male

SURNAME: DATE OF BIRTH:

FIRST NAME: PHONE:

ADDRESS: EMAIL:

SCHOOL:

TOWN: ANY MEDICAL ISSUES:

EMERGENCY CONTACT & PHONE: (for on event day).....

IS THIS YOUR FIRST IRONKIDZ? (Tick one) YES NO IF NO HOW MANY?

HOW DID YOU HEAR ABOUT IRONKIDZ? (Please circle) Competed Before/Friends & Family/Radio/School/Online/Other

EVENT T-SHIRT: (Please circle size) 8 / 10 / 12 / 14 AGE ON RACE DAY:

EVENT DISCLAIMER—MUST BE SIGNED PRIOR TO EVENT


I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained.

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am travelling to or from the event, during the event or while I am on the premises of the event.

I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organisers, sponsors, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the event for all my liabilities, claims, actions or damage that I may have against them arising out of or in any way connected with my participation in this event.

I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

PARENTAL SIGNATURE:



IRONKIDZ CAPS \$15.00
 Will also be for sale on event day

INDIVIDUAL	\$
TEAM	\$
ELITE	\$
CAPS	\$
LATE T-SHIRT (\$20)
TOTAL	\$

Family living at the same address limited to \$95 (excluding late T's)

Team Details on reverse



CONTACT IRONKIDZ TRIATHLON 2012

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TEAM DETAILS:

Teams will have a separate start.

Only one entry per team counts towards school participation prize

AGE GROUP (tick one): 8-10 years 11-15 years

TEAM NAME: TEAM CAPTAIN:

SWIMMER SURNAME: GENDER: Female Male

FIRST NAME: DATE OF BIRTH: AGE ON RACE DAY:

ADDRESS: PHONE:

TOWN: EMAIL:

ANY MEDICAL ISSUES: SCHOOL:

EMERGENCY CONTACT & PHONE: (for on event day)..... THIS YOUR FIRST IRONKIDZ? (Tick one) YES NO

IF NO HOW MANY? EVENT T-SHIRT: Please circle size 8 / 10 / 12 / 14

HOW DID YOU HEAR ABOUT IRONKIDZ? (Tick One) Competed Before/Friends & Family/Radio/School/Online/Other

CYCLIST SURNAME: GENDER: Female Male

FIRST NAME: DATE OF BIRTH: AGE ON RACE DAY:

ADDRESS: PHONE:

TOWN: EMAIL:

ANY MEDICAL ISSUES: SCHOOL:

EMERGENCY CONTACT & PHONE: (for on event day)..... IS THIS YOUR FIRST IRONKIDZ? (Tick one) YES NO

IF NO HOW MANY? EVENT T-SHIRT: Please circle size 8 / 10 / 12 / 14

HOW DID YOU HEAR ABOUT IRONKIDZ? (Tick One) Competed Before/Friends & Family/Radio/School/Online/Other

RUNNER SURNAME: GENDER: Female Male

FIRST NAME: DATE OF BIRTH: AGE ON RACE DAY:

ADDRESS: PHONE:

TOWN: EMAIL:

ANY MEDICAL ISSUES: SCHOOL:

EMERGENCY CONTACT & PHONE: (for on event day)..... IS THIS YOUR FIRST IRONKIDZ? (Tick one) YES NO

IF NO HOW MANY? EVENT T-SHIRT: Please circle size 8 / 10 / 12 / 14

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PARENTAL SIGNATURE FOR:

TEAM: SWIMMER: CYCLIST: RUNNER:



IRONKIDZ CAPS
\$15.00

Will also be for sale on event day



Visit: www.ironkidz.com
To Enter and Save \$5